

HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type or Print Clearly)						
PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
TAJIRI	GUY	Т.	949-1566			
MAILING ADDRESS (Street)			FAX			
2305 S. Beretania Street, Room 202			952-6003			
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96826				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE			
Hawaii Fire Fighters Association			949-1566			
MAILING ADDRESS (Street)			FAX			
2305 S. Beretania Street, Room 202			952-6003			
(City)	(State)	(Zip	(Zip Code)			
Honolulu	Hawaii	96826				

PART II ORGANIZATION			
Hawaii Fire Fighters Asso	ociation		
MAILING ADDRESS (Street)		FAX	
2305 S. Beretania Street, Room 202		952-6003	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	
NAME OF PERSON RESPONSIBLE FOR PRE	PARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Robert H. Lee		949-1566	
MAILING ADDRESS (Street)		FAX	
2305 S. Beretania Street	, Room 202	952–6003	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826 RECEIV ED BY U.S. MAIL	

PART III DESCRIPTION O	OF CUR IFOTO URON WILLO					
FART III DESCRIPTION	OF SUBJECTS UPON WHICE	1 YOU EXPECT TO LO	BBY			
[] Agriculture	[] Education	[X] Human Services	[] Science, Technology &			
[] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Rel	Economic Development ations, [] Tourism & Recreation			
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[X] Labor & Employment	[] Transportation			
[] Culture, Arts, Historic Preservation	[] Health	[] Planning, Land & Wate Use Management	er [] Other: (indicate below)			
[] Ecology, Energy Environmental Protection	[] Housing	[X] Public Safety & Correct	tions			
PART IV CERTIFICATION						
I hereby certify that the	information furnished above i	s, to the best of my knov	vledge, correct and complete.			
Henry T.	Tajui		3-10-03			
(Signature of Lobbyist)			(Date)			
PART V AUTHORIZATIO	N TO LOBBY					
NAME		TITLE OF AUTHORIZING	OFFICER OR PERSON REPRESENTED			
Robert H. Lee	President					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Hawaii Fire Fighters Association			949–1566			
MAILING ADDRESS (Street)			FAX			
2305 S. Beretania Street, Room 202			952-6003			
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96826				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Cleb	A		3 - 10 - 07			

(Signature of Authorizing Officer or Person Represented)

(Date)